



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

US ANESTHESIA PARTNERS OF TEXAS, PA

Respondent Name

INDEMNITY INSURANCE CO OF NORTH AMERICA

MFDR Tracking Number

M4-17-0104-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

SEPTEMBER 14, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "There was not an EOB for this because claim is not being acknowledged."

Requestor's Supplemental Position Summary dated October 31, 2016: "We posted payment for (QX)-Heather Sullivan CRNA...We never received a payment for (QY)."

Amount in Dispute: \$250.09

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOB(s) and attached payment information. **Note that carrier has paid requested amount TWICE already.**"

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 24, 2015	Anesthesia Services CPT Code 01480-QY	\$250.09	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 set out the fee guideline for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
- The services in dispute were reduced/denied by the respondent with the following reason code:
 - 222-Charge exceeds Fee Schedule allowance.
 - 652-Medical direction of Anesthesia procedure reimbursed at 50% of Anesthesia value.
 - 172-Payment is adjusted when performed/billed by a provider of this specialty.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.

- 148-This procedure on this date was previously reviewed. Please refer to the indicated Original EOR number for the detailed explanation/rationale for each billed CPT code(s).
- 18-Exact duplicate claim/service.

Issues

Is the requestor entitled to additional reimbursement for code 01480-QY?

Findings

28 Texas Administrative Code §134.203(a)(5) states, "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code 134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other.

28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

The requestor billed CPT code 01480 defined as "Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified."

The requestor billed the disputed anesthesiology service using the "QY" modifier that is described as "Medical direction of one qualified nonphysician anesthetist by an anesthesiologist."

To determine the MAR the following formula is used: (Time units + Base Units) X Conversion Factor = Allowance.

The Division reviewed the submitted medical bill and finds the anesthesia was started at 1:08pm and ended at 2:37pm, for a total of 89 minutes. Per Medicare Claims Processing Manual, Chapter 12, Physicians/Nonphysician Practitioners, Payment for Anesthesiology Services Section (50)(G) states, "Actual anesthesia time in minutes is reported on the claim. For anesthesia services furnished on or after January 1, 1994, the A/B MAC computes time units by dividing reported anesthesia time by 15 minutes. Round the time unit to one decimal place." Therefore, the requestor has supported $89/15 = 5.9$.

The base unit for CPT code 01480 is 3.

The DWC Conversion Factor for 2015 is \$56.2.

The MAR for CPT code 01480 is: (Base Unit of 3 + Time Unit of 5.9 X \$56.2 DWC conversion factor = \$500.18.

Medicare Claims Processing Manual, Chapter 12, Qualified Nonphysician Anesthetist and an Anesthesiologist in a Single Anesthesia Procedure Section 140.4.2 states "Where a single anesthesia procedure involves both a physician medical direction service and the service of the medically directed qualified nonphysician anesthetist, and the service is furnished on or after January 1, 1998, the payment amount for the service of each is 50 percent of the allowance otherwise recognized had the service been furnished by the anesthesiologist alone..."

Beginning on or after January 1, 1998, where the qualified nonphysician anesthetist and the anesthesiologist are involved in a single anesthesia case, and the physician is performing medical direction, the service is billed in accordance with the following procedures:

- For the single medically directed service, the physician will use the modifier "QY" (MEDICAL DIRECTION OF ONE QUALIFIED NONPHYSICIAN ANESTHETIST BY AN ANESTHESIOLOGIST). This modifier is effective for claims for dates of service on or after January 1, 1998."

Therefore, per Medicare Claims Processing Manual, the MAR for 01480-QY is 50% of \$500.18 = \$250.09.

The respondent submitted a report titled Payment Listing Alternate that supports payment of \$250.09 was made for the disputed service. In addition, the respondent also included copies of check no. 57895 and 59000 that support payment of \$250.09 was made for services rendered with the QY modifier and QX modifier for a total of \$500.18.

The Division finds that the requestor has not supported position that additional reimbursement is due.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	12/14/2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.